



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER SUPPLY ADMINISTRATION
BUREAU OF WATER ALLOCATION
P.O. BOX 426
TRENTON, NEW JERSEY 08625-0426
(609) 292-2957



WATER ALLOCATION PERMIT APPLICATION
TEMPORARY DEWATERING APPLICATION

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION FORM.
Provide all requested information, as applicable.

A. LOCATION AND PROPERTY INFORMATION

The Department is now maintaining a single database of regulated sites. The following information will prevent unnecessary duplication of data.

1. ACTUAL DIVERSION LOCATION

Name of Facility Application is for (For facilities pending or under construction, please use the proposed facility name)

Street Address/Location (or nearest cross streets if no address is available; P.O. Boxes are not acceptable)

City or Town _____ State _____ Zip Code _____ + _____

Municipality _____ Does the activity span multiple municipalities? Yes ☐ No ☐

County _____ Does the activity span multiple counties? Yes ☐ No ☐

2. PROPERTY/LAND OWNERS(S) INFORMATION

Name _____ Telephone () _____

Mailing Address _____

City or Town _____ State _____ Zip Code _____ + _____

Organization Type: ☐ Authority/District/Commission ☐ Municipal ☐ County ☐ State
(Check one) ☐ Commercial/Industry ☐ Individually Owned ☐ Utility ☐ Corporation
☐ Investor (Non-BPU) ☐ Investor (BPU) ☐ Other _____

3. APPLICANT/OPERATING ENTITY(IES)*

Name _____ Telephone () _____

Mailing Address _____

City or Town _____ State _____ Zip Code _____ + _____

CONTACT INFORMATION

Application Contact (contact at the above address for all application matters):

If an agent has been authorized under the certification section of the application to act as the agent/representative in all matters pertaining to the application, please check here: ☐

* Quarterly Monitoring Report Forms will be sent to the Report Form Recipient at the address listed in this section.

If an agent has not been authorized, provide an Application Contact:

Name _____ Telephone () _____

Report Form Recipient/Permit Contact (contact at the above address for permit information and monitoring reports):

Name _____ Telephone () _____

Title _____ Department _____

4. RESPONSIBLE ENTITY/ORGANIZATION

If the responsible organization is the Applicant located in No. 3 above, check here: ☐

If the responsible organization is different from the Applicant in No. 3 above, complete the following:

Organization Name _____ Telephone () _____

Address _____

City or Town _____ State _____ Zip Code _____ + _____

Fax () _____ E-Mail _____

Organization Type: ☐ Authority/District/Commission ☐ Municipal ☐ County ☐ State
(Check one) ☐ Commercial/Industry ☐ Individually Owned ☐ Utility ☐ Corporation
 ☐ Investor (Non-BPU) ☐ Investor (BPU) ☐ Other _____

5. BILLING CONTACT

Billing should go to mailing address of:

☐ Responsible Entity/Organization address in No. 4 ☐ Applicant/Operating Entities address in No. 3

Name _____ Telephone () _____

6. OTHER PERMITS/AGENCIES

Provide the following for any other state, local or federal permit that has been applied for in relation to this project.

Permit Type	Application No./ Permit No./Relevant DEP No.	Application Date	Application Status
● Water Quality Management Plan Amendment			
● Safe Drinking Water System			
● Hazardous Waste Management Program			
● Land Use Permits (Freshwater Wetlands)			
● Relevant Environmental Permits – Including Federal, State, & Local Approvals – Specify:			

Is the project located within the New Jersey Pinelands Area? Yes No

If this application is for a new or modified permit, and is located in the New Jersey Pinelands Area, then a Certificate of Filing from the New Jersey Pinelands Commission must be submitted with the application. The Pinelands Commission can be contacted at (609) 894-7300.

B. CERTIFICATIONS

In cases where the official required to sign Certification 1 below is the same person as the official required to sign the Certification 2, only the Certification 1 need be signed. In all other cases, both certifications shall be completed.

1. HIGHEST RANKING INDIVIDUAL OF FACILITY

This certification is to be signed by the highest-ranking individual at the facility with overall responsibility for that facility.

I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment.

Date

Signature

Name (please print)

Title

2. HIGHEST RANKING INDIVIDUAL

This certification shall be signed as follows:

- (a) For a corporation, by a principal executive officer of at least the level of vice president; or
- (b) For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- (c) For a municipality, State, Federal or other public agency, by either the principal executive officer ranking elected official.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including the possibility of fines and/or imprisonment.

Date

Signature

Name (please print)

Title

3. APPLICANT'S AGENT (IF APPLICABLE)

I, the Applicant/Owner _____ or Applicant/Operator (when the owner of the facility and the operator of the facility are distinct parties) _____ or Co-permittee (if applicable) _____ authorize to act as my agent/representative in all matters pertaining to my application the following person:

Name _____ Phone _____

Company/Employer _____

Address _____ County _____

City or Town _____ State _____ Zip Code _____

Occupation/Profession _____

(Signature of Applicant/Owner)

(Signature of Applicant/Owner)

(Signature of Co-permittee)

AGENT'S CERTIFICATION

Sworn before me

this _____ day of _____
_____ 20 _____

Notary Public

I agree to serve as agent for the above mentioned applicant

(Signature of Agent)

4. STATEMENT OF PREPARER OF PLANS, SPECIFICATIONS, SURVEYORS OR TECHNICAL REPORT (IF APPLICABLE)

I hereby certify that the engineering plans, specifications and engineer's report applicable to this project comply with the current rules and regulations of the State Department of Environmental Protection with the exceptions as noted.

(Signature of Engineer)

Type: Name and Date

Position, Name of Firm

PROFESSIONAL ENGINEER'S
EMBOSSSED SEAL

C. REQUIRED SUBMITTALS/ APPLICATION ATTACHMENTS

Check here to ensure the following are included with the application:

Included		
<input type="checkbox"/>	1.	Permit Application Fee (not required for renewal applications)
<input type="checkbox"/>	2.	Technical Report (not required for renewal applications)

D. DIVERSION REQUEST AND DIVERSION SOURCE INFORMATION

This application is for: (Please check one, as appropriate)

- ☐ New Diversion, not previously permitted
- ☐ Modification of Existing Permit No. _____ Activity No. (if known) _____
- ☐ Renewal of Existing Permit No. _____ Activity No. (if known) _____

Attach additional sheets if space provided is not adequate.

1. Present Allocation:

- a. All Sources: _____ million gallons of water per month at a maximum rate of _____ gallons per minute.

2. Requested Allocation:

- a. All Sources: _____ million gallons of water per month at a maximum rate of _____ gallons per minute.

Note: This allocation represents the maximum withdrawal expected during any one month (31 days) of the calendar year.

3. Diversion to be used for the temporary dewatering of _____.

4. Dewatering will occur from a series of _____ wells, _____ wellpoints, and/or _____ trenches ranging from _____ to _____ feet deep.

5. Complete the following for each existing and proposed dewatering wells, wellpoints, site-wide wells/wellpoints system, and/or trenches:

Dewatering State Well Permit No./ Site Wide Permit No. ¹	Well Local Name/ Trench Name	Location Description	Existing (E) Proposed (P)	Proposed Maximum Withdrawal Rate (million gallons)	
				Per Month	Per Year

5. Complete Addendum A for each existing and proposed dewatering diversion source.

¹ Provide the individual State Well Permit Number for the Dewatering Well or Well Point or Provide the State Site-Wide Permit Number for the Dewatering Wells/Wellpoints. For dewatering activities where a well permit is not required according to N.J.A.C. 7:9D-1.11(g), provide the well local name only.

E. MAPPING REQUIREMENTS

1. Attach a U.S.G.S. 7 ½ minute quadrangle or State Atlas Map depicting the location of the following:

Included		
<input type="checkbox"/>	a.	Each existing and proposed dewatering withdrawal source
<input type="checkbox"/>	b.	All water supply wells <u>within a one quarter mile radius</u>
<input type="checkbox"/>	c.	Landfills and groundwater contamination sites <u>within a one quarter mile radius</u>

2. Associated Required Summary Tables for Mapping :

Included		
<input type="checkbox"/>	a.	For Items 1b, provide a summary table with the owner's name, well permit number, well depth, pump capacity and setting, distance to applicant's withdrawal sources, and geological formation for each groundwater withdrawal. <u>DO NOT SUBMIT COPIES OF INDIVIDUAL WELL RECORDS.</u>
<input type="checkbox"/>	b.	For Item 1c, provide a summary table with the site name, distance to applicant's withdrawal sources, and geological formations impacted.

NOTE: If the project will include any dewatering wells deeper than 50 feet, the items listed in 1b. and 1c. above may be required for a radius greater than one-quarter mile.

F. DEWATERING INFORMATION

- Dewatering will occur for a period of _____ days or _____ months.
- Estimated dewatering start date _____.
- Estimated dewatering completion date _____.
- Total length, in feet, of construction trenches _____, maximum depth of trenches _____.
- The average diversion, in gallons of water per foot of open trench, will be _____ gallons/foot (supporting calculations must be provided).
- Excavation over the site will vary from _____ to _____ feet.
- Depth, in feet, to groundwater over the site is from _____ to _____ feet.
- Water will be discharged to _____.
The discharge will be measure by _____.

ADDENDUM A

SOURCE DATA FOR GROUNDWATER (WELLS)

Complete Well information for all existing and proposed sources. This information is mandatory. Refer to instructions for acceptable values. Please reference the same State Well Permit Numbers and Well Names as referenced in Section D of the application. Attach additional copies of addendum as needed.

State Well Permit No.		State Well Permit No.	
Well Local Name		Well Local Name	
Date Drilled		Date Drilled	
Total Finished Depth (feet) (include tailpiece if any)		Total Finished Depth (feet) (include tailpiece if any)	
Depth to Top of Open Hole Interval or Screen (feet)		Depth to Top of Open Hole Interval or Screen (feet)	
Depth to Bottom of Open Hole Interval or Screen (feet)		Depth to Bottom of Open Hole Interval or Screen (feet)	
Rated Pump Capacity (gpm)		Rated Pump Capacity (gpm)	
Yield (gpm)		Yield (gpm)	
Aquifer/Geological Formation		Aquifer/Geological Formation	
Elevation Information:		Elevation Information:	
Site Elevation		Site Elevation	
Elevation System Description		Elevation System Description	
Elevation Method Description		Elevation Method Description	
Absolute Elevation Accuracy		Absolute Elevation Accuracy	
Absolute Elevation Accuracy Units (feet or meters)		Absolute Elevation Accuracy Units (feet or meters)	
Locational Information:		Locational Information:	
X coordinate (e.g. Longitude) of well center		X coordinate (e.g. Longitude) of well center	
Y coordinate (e.g. Latitude) of well center		Y coordinate (e.g. Latitude) of well center	
Coordinate System Code and Description		Coordinate System Code and Description	
Coordinate Method Description		Coordinate Method Description	
Absolute Location Accuracy		Absolute Location Accuracy	
Accuracy Units (feet or meters)		Accuracy Units (feet or meters)	

INSTRUCTIONS FOR COMPLETING BWA-002

1. GENERAL INSTRUCTIONS

This form includes six sections, A through F and Addendum A. **All applicable sections must be completed or the application will be returned.**

Applications must reference valid State Well Permit Numbers and wells must be permitted for their intended use. A well search can be scheduled by the applicant or performed by the Department for a fee. **Applications without valid State Well Permit Numbers for existing wells will be returned.**

All information required by the regulations under N.J.A.C. 7:19-2.3 must be addressed in this application.

A. Site Location Information

1. Actual Diversion Location - Provide the Name of the Facility of which the application is for, the physical street address or nearest cross streets of the diversion location. Attach additional sheets if more than one physical location applies.
2. Property/Land Owners – Provide the legal name for the owner of the property/land on which the diversion is located.
3. Applicant/Operating Entity(ies) – Provide the name, as it is legally referred to, of the operating entity of the subject facility. The operating entity is the firm, public agency, individual, or other entity which has the primary management and decision making authority over any part of the facility/site.
The Application Contact is the individual responsible for all aspects/inquiries regarding the application. Check the Agent box if an Agent has been designated in Section B3 of the Application. The Report Form Recipient/Permit Contact is the designated individual responsible for completing Quarterly Monitoring Report Forms. All Monitoring Report Forms will be mailed to the Report Form Recipient/Permit Contact designated at the Operating Entities address.
4. Responsible Entity/Organization – The person, company, or corporation financially responsible for the activity relating to the diversion and has overall legal responsibility of the activities occurring at the site. The organization liable or accountable for overall facility operations. The responsible entity may be the same as the Applicant/Operating Entity noted in Section A3. If so, check the appropriate box provided. If not, provide the requested information for the Responsible Entity
5. Billing Contact – Check the box of the appropriate address (either the Responsible Entity/Organization or the Applicant/Operating Entity) and indicate the individual contact for all billing inquiries.
6. Other Permits – Provide information for all other permits applied to in relation to the project and diversion activities, as indicated.

B. Certifications – Provide Certifications as indicated in Section B.

C. Required Submittals/Application Attachments

1. For new or modification applications the appropriate application processing fee shall be paid with submission of the application. Refer to Section 3 of the instructions for fee schedule.
2. The application must include a technical report discussing depletion of adjacent ground water supplies, salt water intrusion, spread of ground water contamination, impacts on nearby diversions of ground water, impacts on any freshwater wetlands or bodies of water within the radius of influence of the diversion, and how the requested allocation was determined. The technical report must also establish that the proposed diversion is in the public interest. The technical report must include a brief description of the proposed project, the anticipated methods of dewatering, including the size and depth of excavations and trenches. The report must also list the depth to water, corresponding surface elevations, and the depth of dewatering over the site. A copy of any sieve analysis done at the site should also be included.

Complete Sections D through F as indicated.

2. INSTRUCTIONS FOR COMPLETING ADDENDA A AND B

The following tables provide the acceptable values for completing Addenda A and B.

Elevation Information

Elevation System Description
Feet above sea level
Meters above sea level

Elevation Method Description
Approximate address match
DEP program database
Digital image
Exact address match
GPS
Hard copy match
Licensed Surveyor
Topographic Map
Plot Plan
Proposed Elevation-Digital Image
Proposed Elevation-Hard Copy Map

Absolute elevation accuracy is the uncertainty in feet or meters of the elevation measurement.

Locational Information

USGS quadrangle maps have the coordinate system printed on the map. GPS units can usually be set to display a variety of coordinate systems. New Jersey State Plane 83 – USFEET is the State standard.

Coordinate System Code	Coordinate System Description*	Coordinate Method Description
22	Lat/Long (NAD27) – Decimal Degrees	GPS
27	Lat/Long (NAD27) – DMS	DEP Program Database
21	Lat/Long (NAD83) – Decimal Degrees	Exact Address Match
20	Lat/Long (NAD83) – DMS	Digital Image (such as i-Map)
09	New Jersey State Plane 27 – USFEET	Hard Copy Map
02	New Jersey State Plane 83 – Meters	Other (Describe)
01	New Jersey State Plane 83 – USFEET	Approximate Address Match
26	UTM (NAD27) – Meters	Proposed Location - Digital Image (such as i-Map)
08	UTM Zone 18N – Meters	Proposed Location - Hard Copy Map
03	UTM Zone 18N (78 W to 72 W) – Kilometers	

*Coordinates obtained historically from BWA are likely to be Lat/Long (NAD27) – DMS

Absolute location accuracy is the uncertainty in feet or meters of the location from actual ground truth. Modern GPS units can provide this number .

3. PERMIT APPLICATION FEE SCHEDULES

From the following tables, determine the size of the allocation requested in terms of class, based upon the maximum monthly allocation (from all sources) requested.

- Class 1: From 3.1 mgm to less than 15.5 mgm
- Class 2: From 15.5 mgm to less than 31 mgm
- Class 3: From 31 mgm to less than 62 mgm
- Class 4: From 62 mgm to less than 155 mgm
- Class 5: From 155 mgm to less than 310 mgm
- Class 6: From 310 mgm and above

Find the proper fee in the following schedules according to the class (size).

1. An applicant for a new or modified permit may pay the application fee in full in accordance with the following schedule:

	<u>Class 1, 2, and 3</u>	<u>Class 4, 5, and 6</u>
Initial Fees for New Applications	\$2700	\$6900
Modification Fees	\$1200	\$3200

2. An applicant for a new or modified permit may pay the application fee in three installments pursuant to N.J.S.A. 13:1D-124, in accordance with the following schedule:

		<u>Class 1, 2, and 3</u>	<u>Class 4, 5, and 6</u>
Initial Fees for New Applications	(1)	\$900	\$2300
	(2)	\$900	\$2300
	(3)	\$900	\$2300
TOTALS		\$2700	\$6900
Modification Fees	(1)	\$400	\$1066
	(2)	\$400	\$1067
	(3)	\$400	\$1067
TOTALS		\$1200	\$3200

NOTE: (1) - First installment (due with application)
(2) - Second installment (due 20 days after notice of administrative completeness)
(3) - Third installment (due 20 days after notice of Department's final decision)

Please note that payment of the application fee in installments will delay the permitting process, as additional time is necessary for billing, payment processing and various administrative tasks associated with this option.

Please make checks payable to: **"Treasurer, State of New Jersey"**. If you need assistance with determination of the fee, call the Bureau of Water Allocation at (609) 292-2957.